

Arizona operator I.D. #: _____

ERG YES ___ NO ___



STATE OF ARIZONA APPLICATION FOR THE OPERATOR CERTIFICATION EXAMS

PERSONAL INFORMATION (PLEASE PRINT)

***This information is required in order for your request to be processed. Incomplete requests will not be processed.**

*NAME: _____ *SSN Last Four Digits Only _____
First M.I. Last Suffix (Jr., III)

*ADDRESS: _____
Street City State ZIP + 4

COUNTY (Arizona only): _____ HOME PHONE: (____) _____

WORK PHONE: (____) _____ E-MAIL: _____

*Were you previously certified in Arizona? YES ___ NO ___ If YES, list your Arizona operator I.D. #: _____

***Arizona Exam Requested:**

Request Common Expiration Date	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	1	2	3	4
Water Treatment				
Water Distribution				
Wastewater Treatment				
Wastewater Collection				

*** List all Current Certificates, Arizona and other States**

To Take An Exam Before Time In Grade Is Completed, Less Than 1 Year, Or Requesting A Grade Skip, Pursuant To R18-5-112 Of The Arizona Administrative Code, Applicant Must Have A Department Approval Letter Before Taking An Exam.

*Current certificate type	*Grade	Certificate Issued Date

Request Common Expiration Date

The rule allows an applicant to request, in writing, a common expiration date for an exam with a passing score. The Department recommends that each applicant take advantage of this option for easier record keeping of certificate expiration dates and PDHs earned toward certificate renewal.

CONTINUED ON BACK - SIGNATURE REQUIRED

***Are you are currently employed by an Arizona water or wastewater system? YES ___ NO___**

If YES, please provide the following information:

SYSTEM NAME: _____ SYSTEM I.D. #: _____

ADDRESS: _____
Street City State ZIP + 4

SUPERVISOR NAME: _____ E-MAIL: _____

WORK PHONE: (____) _____ FAX: (____) _____

***EDUCATION AND EXPERIENCE**

Only complete this part if requesting a letter from the department for approval to skip a grade or to take an exam before time in grade is completed, less than 1 year. Pursuant to R18-5-112 of the Arizona Administrative Code, please provide education (copy of college degree / technical training) and attach a separate resume.

PLEASE READ BEFORE SIGNING

I certify the information supplied above is true and accurate to the best of my knowledge and the above referenced certificates were earned by taking a written exam. I understand this information is subject to verification and false or misleading statements may result in the denial of my application request.

***SIGNATURE:** _____ ***DATE:** _____

Please submit a photocopy of your current certificate(s) along with your completed request to the address below. Please make a copy of this form for your records. If you have questions regarding this application request, please contact us at (602) 771-4644 or, toll free in Arizona, (800) 234-5677, Ext. 4644.

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
OPERATOR CERTIFICATION PROGRAM, 5415,B-2
1110 WEST WASHINGTON STREET.
PHOENIX, AZ 85007-2952